

E-filed on _____

**Steven A. Alpert (NV
8353)**
 Name
8353) NV
 Bar Code #
**5940 South Rainbow
Blvd., Suite 3014
Las Vegas, NV 89118**
 Address
(818)600-5555
 Phone Number

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA**

In re: **Perla Maria Merezko**
 Case No.: **19-17398-btb**
 Chapter: **7**
 Trustee **Troy S. Fox**
Debtor(s)

AMENDMENT COVER SHEET

The following items have been amended in the above named bankruptcy proceeding (check all applicable boxes).

- Voluntary Petition (specify reason for amendment)
- Summary of Schedules
- Statistical Summary of Certain Liabilities
- Schedule A - Real Property
- Schedule B - Personal Property
- Schedule C - Property Claimed as exempt
- Schedule D, E, or F, and/or Matrix, and/or List of Creditors or Equity Holders
 - Add/delete creditor(s), change amount or classification of debt - \$31 Fee required
 - Add/change address of already listed creditor - No fee
- Schedule G - Schedule of Executory Contracts and Unexpired Leases
- Schedule H - CoDebtors
- Schedule I - Current Income of Individual Debtor(s)
- Schedule J - Current Expenditures of Individual Debtor(s)
- Declaration Concerning Debtor's Schedules
- Statement of Financial Affairs and/or Declaration
- Chapter 7 Individual Debtor's Statement of Intention
- Disclosure of Compensation of Attorney for Debtor(s)
- Statement of Current Monthly Income and Means Test Calculation
- Certification of Credit Counseling
- Other: _____

E-filed on August 10, 2020

Amendment of debtor(s) Social Security Number requires the filer to follow the instructions provided by the Office of the U.S. Trustee, see link to the U.S. Trustee's website on our website: www.nvb.uscourts.gov

Declaration of Debtor

I (We) declare under penalty of perjury that the information set forth in the amendment(s) attached hereto is (are) true and correct to the best of my (our) information and belief.

Perla Maria Merezko

Debtor's Signature

Date: August 10, 2020

Fill in this information to identify your case:

Debtor 1	Perla Maria Merezko		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEVADA</u>			
Case number (if known)	<u>19-17398-btb</u>		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	ADVANCED ORTHOPEDICS & SPORTS MED "A"	Last 4 digits of account number	Total claim
	Nonpriority Creditor's Name PO BOX 50605 Henderson, NV 89016	<u>5716</u>	<u>\$37.15</u>
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u>			

Debtor 1 Perla Maria Merezko

Case number (if known)

19-17398-btb

4.2	<p>Amex Nonpriority Creditor's Name P.o. Box 981537 El Paso, TX 79998 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	<p>Last 4 digits of account number 1063</p> <p>When was the debt incurred? Opened 10/89 Last Active 11/19/18</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$2,163.61</p>
4.3	<p>Bank Of America Nonpriority Creditor's Name Po Box 982238 El Paso, TX 79998 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	<p>Last 4 digits of account number 0091</p> <p>When was the debt incurred? Opened 12/12 Last Active 11/01/18</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$3,646.68</p>
4.4	<p>Cavalry Portfolio Serv Nonpriority Creditor's Name 500 Summit Lake Drive Valhalla, NY 10595 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Attorney Citibank</p>	<p>Last 4 digits of account number 5491</p> <p>When was the debt incurred? Opened 05/19</p> <p>As of the date you file, the claim is: Check all that apply</p>	<p>\$5,853.20</p>

Debtor 1 Perla Maria Merezko

Case number (if known)

19-17398-btb

4.5 Cavalry SPV I, LLC as assignee of "A"
 Nonpriority Creditor's Name
Ford Credit US
500 Summit Lake Drive Ste 400
Valhalla, NY 10595

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number 7090\$2,072.28When was the debt incurred? 09/10/2004

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Collection for Ford Motor Credit Company**■ Other. Specify \$2,072.28**

4.6 Clark County Collection Service "A"
 Nonpriority Creditor's Name

8860 W Sunset Rd. Suite 100
Las Vegas, NV 89148-4899

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number

\$1,213.65When was the debt incurred? 2/28/18

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

MOVE OUT FEES FOR 201 MISSION**■ Other. Specify LAGUNA LN. #203****4.7 Jpmcb Card**

Nonpriority Creditor's Name

Po Box 15369
Wilmington, DE 19850

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number 1089\$5,404.61When was the debt incurred? Opened 11/15 Last Active 8/20/18

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit Card

Debtor 1 **Perla Maria Merezko**

Case number (if known)

19-17398-btb

4.8	Jpmcb Card Nonpriority Creditor's Name Po Box 15369 Wilmington, DE 19850 Number Street City State Zip Code	Last 4 digits of account number 7618	\$1,001.51
	Who incurred the debt? Check one.	When was the debt incurred? Opened 11/15 Last Active 8/20/18	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.9	LABCORP "A" Nonpriority Creditor's Name PO BOX 2240 Burlington, NC 27216 Number Street City State Zip Code	Last 4 digits of account number 9623	\$46.30
	Who incurred the debt? Check one.	When was the debt incurred? 2019	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL	
4.1	LABCORP "A" Nonpriority Creditor's Name PO BOX 2240 Burlington, NC 27216 Number Street City State Zip Code	Last 4 digits of account number 7580	\$89.51
	Who incurred the debt? Check one.	When was the debt incurred? 2019	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MEDICAL	

Debtor 1 Perla Maria Merezko

Case number (if known)

19-17398-btb

4.1 1	LABORATORY MEDICINE "A" Nonpriority Creditor's Name CONSULTANTS LTD-OAPC 8085 RIVERS AVE #100 Charleston, SC 29406 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>3144</u>	\$171.66
		When was the debt incurred? <u>2019-2020</u>	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u>		

4.1 2	LABORATORY MEDICINE CONSULTANTS "A" Nonpriority Creditor's Name PO BOX 3475 KY 42607 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>3933</u>	\$73.00
		When was the debt incurred? <u>2020</u>	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u>		

4.1 3	LVNV Funding LLC "A" Nonpriority Creditor's Name c/o Resurgent Capital Services PO Box 10587 Greenville, SC 29603-0587 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>1910</u>	\$1,013.74
		When was the debt incurred? <u>1994</u>	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for GE Money Bank</u>		

Debtor 1 Perla Maria Merezko

Case number (if known)

19-17398-btb4.1
4**Macy's/dsnb**

Nonpriority Creditor's Name

**Po Box 8218
Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

1320\$2,772.95Opened 10/08 Last Active
7/24/18

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Charge Account4.1
5**Midland Credit Management Inc****"A"**

Nonpriority Creditor's Name

**PO Box 2037
Warren, MI 48090**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

\$633.86

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Collection for Citibank, N.A.4.1
6**Midland Credit Management Inc****"A"**

Nonpriority Creditor's Name

**PO Box 2037
Warren, MI 48090**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

\$3,048.78

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Collection for Capital One Bank (USA), N.A.

Debtor 1 Perla Maria Merezko

Case number (if known)

19-17398-btb4.1
7**Midland Credit Management Inc****"A"**

Nonpriority Creditor's Name

PO Box 2037**Warren, MI 48090**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number _____

\$962.01

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection for Lending Club/Comenity Capital Bank)4.1
8**Midland Credit Management Inc****"A"**

Nonpriority Creditor's Name

PO Box 2037**Warren, MI 48090**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number _____

\$3,289.03

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection for Walmart4.1
9**Portfolio Recov Assoc**

Nonpriority Creditor's Name

120 Corporate Blvd Ste 100**Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No YesLast 4 digits of account number 1028**\$6,685.72**When was the debt incurred? Opened 10/18

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Factoring Company Account Synchrony Bank

Debtor 1 Perla Maria Merezko

Case number (if known)

19-17398-btb4.2
0**Portfolio Recov Assoc**

Nonpriority Creditor's Name

**120 Corporate Blvd Ste 100
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

8696\$1,114.14

When was the debt incurred?

Opened 03/19

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Factoring Company Account Synchrony Bank4.2
1**The Bureaus Inc**

Nonpriority Creditor's Name

**650 Dundee Road
Northbrook, IL 60062**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0839\$1,261.65

When was the debt incurred?

Opened 04/19

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Collection Attorney First National Bank Of Omaha4.2
2**UNLV MEDICINE "A"**

Nonpriority Creditor's Name

**PO BOX 516559
Los Angeles, CA 90051**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

6267\$169.68

When was the debt incurred?

2019 -2020

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

MEDICAL

Debtor 1 Perla Maria Merezko

Case number (if known)

19-17398-btb4.2
3**Wells Fargo**

Nonpriority Creditor's Name

**Credit Bureau Dispute Resolution
CASE#17C017463
Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

- No Other. Specify Credit Card-LAWSUIT
 Yes

Last 4 digits of account number

9024\$2,917.90**Opened 07/12 Last Active
1/15/19**

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card-LAWSUIT

4.2
4**Wf/dillard**

Nonpriority Creditor's Name

**Po Box 14517
Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

9810\$1,217.00**Opened 02/14 Last Active
9/21/18**

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.2
5**Wf/preferr**

Nonpriority Creditor's Name

**Po Box 14517
CASE#17C017463
Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

7228\$6,841.22**Opened 03/16 Last Active
6/28/17**

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Charge Account

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 **Perla Maria Merezko**

Case number (if known)

19-17398-btb

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Aargon Agency Inc. "A"
8668 Spring Mountain Rd STE 110
Las Vegas, NV 89117

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3260

Name and Address

Citibank National Association
701 East 60th Street North
Sioux Falls, SD 57104

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

First National Bank of Omaha
P.O Box 2951
Omaha, NE 68103-2951

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Laboratory Medicine Consultants
"A"
File 749203
Los Angeles, CA 90074-9203

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3144

Name and Address

Laboratory Medicine Consultants
"A"
File 749203
Los Angeles, CA 90074-9203

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3933

Name and Address

Las Vegas Justice Court
200 Lewis Avenue
CASE#17C017463
Las Vegas, NV 89101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

LAS VEGAS TWNSHP JUSTICE
COURT "A"
200 LEWIS AVE. PO BOX 552511
CASE#17C017463
Las Vegas, NV 89155

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Mandarich Law "A"
2505 Anthem Village Dr Suite E-576
Henderson, NV 89052

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3923

Name and Address

Mandarich Law "A"
PO BOX 109032
Chicago, IL 60610

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3923

Name and Address

OFFICE OF THE EX OFFICIO
CONSTABLE
301 E. CLARK AVE. SUITE 100
CASE#17C017463
Las Vegas, NV 89101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Perla Maria Merezko**

Case number (if known)

19-17398-btb

Name and Address

QUALEY LAW GROUP
2320 PASEO DEL PRADO, B-205
CASE#17-C017463
Las Vegas, NV 89102

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

QUALEY LAW GROUP "A"
2320 PASEO DEL PRADO, BLDG. B
STE 205
CASE #17C017463
Las Vegas, NV 89102

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Synchrony Bank
P.O. Box 960061
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Synchrony Bank
P.O. Box 960061
Orlando, FL 32896

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

VINCENT SERAFINO GEARY "A"
WADDELL JENEVEIN
823 LAS VEGAS BLVD. S, STE 240
CASE#17C017463
Las Vegas, NV 89101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
6e. Total Priority. Add lines 6a through 6d.		0.00
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 53,700.84
6j. Total Nonpriority. Add lines 6f through 6i.		53,700.84

Fill in this information to identify your case:

Debtor 1	Perla Maria Merezko
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF NEVADA
Case number (if known)	19-17398-btb

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation		
Employer's name		
Employer's address		

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>N/A</u>

Debtor 1 **Perla Maria Merezko**Case number (if known) **19-17398-btb**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 1,833.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,833.00	\$ N/A
10. Calculate monthly Income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,833.00	+ \$ N/A = \$ 1,833.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 1,833.00	
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Unknown.		

Fill in this information to identify your case:

Debtor 1	Perla Maria Merezko
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF NEVADA
Case number (if known)	19-17398-btb

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)



4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,750.00**

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$ **0.00**
 4b. \$ **0.00**
 4c. \$ **0.00**
 4d. \$ **0.00**
 5. \$ **0.00**

Debtor 1 **Perla Maria Merezko**Case number (if known) **19-17398-btb**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 100.00
6b. Water, sewer, garbage collection	6b. \$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 0.00
6d. Other. Specify: <u>Natural Gas Cell phone</u>	6d. \$ 60.00 \$ 122.00
7. Food and housekeeping supplies	7. \$ 200.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 95.00
10. Personal care products and services	10. \$ 60.00
11. Medical and dental expenses	11. \$ 40.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 50.00
14. Charitable contributions and religious donations	14. \$ 20.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 190.00
15d. Other insurance. Specify:	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 585.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify:	17c. \$ 0.00
17d. Other. Specify:	17d. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify:	\$ 0.00
19.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
21. Other: Specify: <u>contingency</u>	21. +\$ 75.00
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ 3,547.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 3,547.00
22c. Add line 22a and 22b. The result is your monthly expenses.	
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 1,833.00
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 3,547.00
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ -1,714.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____

Fill in this information to identify your case:		
Debtor 1	Perla Maria Merezko	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	DISTRICT OF NEVADA	
Case number (if known)	19-17398-btb	

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X
Perla Maria Merezko
Signature of Debtor 1

X
Signature of Debtor 2

Date August 10, 2020

Date _____

United States Bankruptcy Court
District of Nevada

In re Perla Maria Merezko

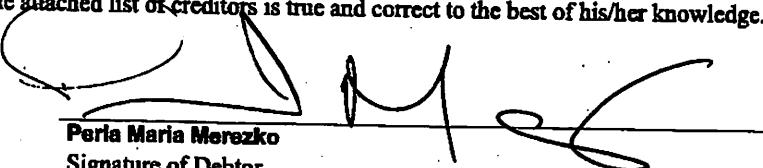
Debtor(s)

Case No. 19-17398-btb
Chapter 7

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: August 10, 2020


Perla Maria Merezko
Signature of Debtor

Perla Maria Merezko
7813 Riviera Beach Drive
Las Vegas, NV 89128

Steven A. Alpert (NV 8353)
Price Law Group, APC
5940 South Rainbow Blvd., Suite 3014
Las Vegas, NV 89118

Aargon Agency Inc. "A"
Acct No 4600-033260
8668 Spring Mountain Rd STE 110
Las Vegas, NV 89117

ADVANCED ORTHOPEDICS & SPORTS MED "A"
Acct No xxx5716
PO BOX 50605
Henderson, NV 89016

Amex
Acct No xxxxxxxxxxxx1063
P.o. Box 981537
El Paso, TX 79998

Bank Of America
Acct No xxxxxxxxxxxx0091
Po Box 982238
El Paso, TX 79998

Bmw Financial Services
Acct No xxxxxxx6471
Po Box 3608
Dublin, OH 43016

Cavalry Portfolio Serv
Acct No xxxx5491
500 Summit Lake Drive
Valhalla, NY 10595

Cavalry SPV I, LLC as assignee of "A"
Acct No 7090
Ford Credit US
500 Summit Lake Drive Ste 400
Valhalla, NY 10595

Citibank National Association
Acct No xxxx5491
701 East 60th Street North
Sioux Falls, SD 57104

Clark County Collection Service "A"
8860 W Sunset Rd. Suite 100
Las Vegas, NV 89148-4899

First National Bank of Omaha
Acct No xxxxx0839
P.O Box 2951
Omaha, NE 68103-2951

Jpmcb Card
Acct No xxxxxxxxxxxxxxxx1089
Po Box 15369
Wilmington, DE 19850

Jpmcb Card
Acct No xxxxxxxxxxxxxxxx7618
Po Box 15369
Wilmington, DE 19850

LABCORP "A"
Acct No xxxx9623
PO BOX 2240
Burlington, NC 27216

LABCORP "A"
Acct No xxxx7580
PO BOX 2240
Burlington, NC 27216

LABORATORY MEDICINE "A"
Acct No xxxx-xxxx3144
CONSULTANTS LTD-OAPC
8085 RIVERS AVE #100
Charleston, SC 29406

LABORATORY MEDICINE CONSULTANTS "A"
Acct No xxxx-xxxx3933
PO BOX 3475
KY 42607

Laboratory Medicine Consultants "A"
Acct No 5687-14513144
File 749203
Los Angeles, CA 90074-9203

Laboratory Medicine Consultants "A"
Acct No 5687-14333933
File 749203
Los Angeles, CA 90074-9203

Las Vegas Justice Court
Acct No xxxxxxxxxxxxxxxx7228
200 Lewis Avenue
CASE#17C017463
Las Vegas, NV 89101

LAS VEGAS TWNSHP JUSTICE COURT "A"
Acct No xxxxxxxxxxxx9024
200 LEWIS AVE. PO BOX 552511
CASE#17C017463
Las Vegas, NV 89155

LVNV Funding LLC "A"
Acct No 1910
c/o Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587

Macys/dsnb
Acct No xxxxxxxxx1320
Po Box 8218
Mason, OH 45040

Mandarich Law "A"
Acct No 4263923
2505 Anthem Village Dr Suite E-576
Henderson, NV 89052

Mandarich Law "A"
Acct No 4263923
PO BOX 109032
Chicago, IL 60610

Midland Credit Management Inc "A"
PO Box 2037
Warren, MI 48090

OFFICE OF THE EX OFFICIO CONSTABLE
Acct No xxxxxxxxxxxx7228
301 E. CLARK AVE. SUITE 100
CASE#17C017463
Las Vegas, NV 89101

Portfolio Recov Assoc
Acct No xxxxxxxxxxxx1028
120 Corporate Blvd Ste 100
Norfolk, VA 23502

Portfolio Recov Assoc
Acct No xxxxxxxxxxxx8696
120 Corporate Blvd Ste 100
Norfolk, VA 23502

QUALEY LAW GROUP
Acct No xxxxxxxxxxxx7228
2320 PASEO DEL PRADO, B-205
CASE#17-C017463
Las Vegas, NV 89102

QUALEY LAW GROUP "A"
Acct No xxxxxxxxxxxxxxx9024
2320 PASEO DEL PRADO, BLDG. B STE 205
CASE #17C017463
Las Vegas, NV 89102

Synchrony Bank
Acct No xxxxxxxxxxxxxxx1028
P.O. Box 960061
Orlando, FL 32896

Synchrony Bank
Acct No xxxxxxxxxxxxxxx8696
P.O. Box 960061
Orlando, FL 32896

The Bureaus Inc
Acct No xxxx0839
650 Dundee Road
Northbrook, IL 60062

UNLV MEDICINE "A"
Acct No xxx6267
PO BOX 516559
Los Angeles, CA 90051

VINCENT SERAFINO GEARY "A"
Acct No xxxxxxxxxxxxxxx9024
WADDELL JENEVEIN
823 LAS VEGAS BLVD. S, STE 240
CASE#17C017463
Las Vegas, NV 89101

Wells Fargo
Acct No xxxxxxxxxxxxxxx9024
Credit Bureau Dispute Resoluti
CASE#17C017463
Des Moines, IA 50306

Wf/dillard
Acct No xxxxxxxxxxxxxxx9810
Po Box 14517
Des Moines, IA 50306

Wf/preferr
Acct No xxxxxxxxxxxxxxx7228
Po Box 14517
CASE#17C017463
Des Moines, IA 50306

1 Steven Alpert, SBN: 8353
2 Price Law Group, APC
3 5940 S. Rainbow Blvd, Ste 3014
4 Las Vegas, NV 89118
(702)794-2008 (Tel)
(702)794-2009 (Fax)
alpert@pricelawgroup.com

5
6 **UNITED STATES BANKRUPTCY COURT**
7 **DISTRICT OF NEVADA**

8 IN RE:
9
10 PERLA MARIA MEREZKO

Case No.: 19-17398-btb
Chapter 7

11 **Debtor**

12 **CERTIFICATE OF SERVICE**

13 1. On August 12, 2020 (*date*) I served the following document(s) (*specify*):

14 **Amended Schedule E/F; Amended Schedule I; Amended Schedule J; Amended Creditor**
15 **Matrix**

16 2. I served the above-named document(s) by the following means to the persons as listed
17 below:

18 (Check all that apply)

19 a. ECF System (*You must attach the “Notice of Electronic Filing”, or list all persons and*
20 *addresses and attach additional paper if necessary*)

- 21 • STEVEN A ALPERT enotice@pricelawgroup.com, alpert@pricelawgroup.com
22 • TROY S. FOX trusteefox@crosby-fox.com, NV34@ecfcbis.com
23 • U.S. TRUSTEE - LV - 7 USTPRegion17.LV.ECF@usdoj.gov

24 b. United States mail, postage fully prepaid
25 (*List persons and addresses. Attach additional paper if necessary*)

26 **DEBTOR**
Perla Merezko
27 7813 Riviera Beach Drive
Las Vegas, NV 89128

28 **CREDITORS**
Aargon Agency Inc.
Acct No 4600-033260
8668 Spring Mountain Rd STE 110
Las Vegas, NV 89117

1 ADVANCED ORTHOPEDICS & SPORTS MED
2 Acct No xxx5716
3 PO BOX 50605
Henderson, NV 89016

4 Cavalry Portfolio Serv
Acct No xxxx5491
5 500 Summit Lake Drive
Valhalla, NY 10595

6 Cavalry SPV I, LLC as assignee of
7 Acct No 7090
8 Ford Credit US
500 Summit Lake Drive Ste 400
9 Valhalla, NY 10595

10 Citibank National Association
11 Acct No xxxx5491
701 East 60th Street North
12 Sioux Falls, SD 57104

13 Clark County Collection Service
8860 W Sunset Rd. Suite 100
14 Las Vegas, NV 89148-4899

15 LABCORP
16 Acct No xxxx9623
PO BOX 2240
17 Burlington, NC 27216

18 LABCORP
19 Acct No xxxx7580
PO BOX 2240
20 Burlington, NC 27216

21 LABORATORY MEDICINE CONSULTANTS
22 Acct No xxxx-xxxx3933
PO BOX 3475
23 KY 42607

24 Laboratory Medicine Consultants
Acct No 5687-14513144
25 File 749203
Los Angeles, CA 90074-9203

27 Laboratory Medicine Consultants
Acct No 5687-14333933
28 File 749203
Los Angeles, CA 90074-9203

1 LABORATORY MEDICINE CONSULTANTS LTD-OAPC
2 Acct No xxxx-xxxx3144
3 8085 RIVERS AVE #100
Charleston, SC 29406

4 LAS VEGAS TWNSHP JUSTICE COURT
5 Acct No xxxxxxxxxxxx9024
200 LEWIS AVE. PO BOX 552511
6 CASE#17C017463
Las Vegas, NV 89155

7 LVNV Funding LLC
Acct No 1910
9 c/o Resurgent Capital Services
PO Box 10587
10 Greenville, SC 29603-0587

11 Macys/dsnb
12 Acct No xxxxxxxxx1320
Po Box 8218
13 Mason, OH 45040

14 Mandarich Law
15 Acct No 4263923
2505 Anthem Village Dr Suite E-576
16 Henderson, NV 89052

17 Mandarich Law
18 Acct No 4263923
PO BOX 109032
19 Chicago, IL 60610

20 Midland Credit Management Inc
PO Box 2037
21 Warren, MI 48090

22 QUALEY LAW GROUP
23 Acct No xxxxxxxxxxxx9024
2320 PASEO DEL PRADO, BLDG. B STE 205
24 CASE #17C017463
Las Vegas, NV 89102

25 UNLV MEDICINE
26 Acct No xxx6267
PO BOX 516559
27 Los Angeles, CA 90051

1 Wells Fargo
2 Acct No xxxxxxxxxxxx9024
3 Credit Bureau Dispute Resoluti
4 CASE#17C017463
5 Des Moines, IA 50306

6 VINCENT SERAFINO GEARY WADDELL JENEVEIN
7 Acct No xxxxxxxxxxxx9024
8 823 LAS VEGAS BLVD. S, STE 240
9 CASE#17C017463
10 Las Vegas, NV 89101

11 **REQUEST FOR SPECIAL NOTICE**
12 BMW BANK OF NORTH AMERICA
13 C/O AIS PORTFOLIO SERVICES, LP
14 4515 N SANTA FE AVE., DEPT APS
15 OKLAHOMA CITY, OK 73118

16 CAVALRY SPV I, LLC
17 500 SUMMIT LAKE DR, STE 400
18 VALHALLA, NY 10595

19 LVNV FUNDING LLC
20 C/O RESURGENT CAPITAL SERVICES
21 PO BOX 10587
22 GREENVILLE, SC 29603-0587

23 PRA RECEIVABLES MANAGEMENT, LLC
24 PO BOX 41021
25 NORFOLK, VA 23541

26 **c. Personal Service (*List persons and addresses. Attach additional paper if necessary*)**

27 I personally delivered the document(s) to the persons at these addresses:

- 28 For a party represented by an attorney, delivery was made by handing the document(s) to the attorney or by leaving the documents(s) at the attorney's office with a clerk or other person in charge, or if no one is in charge by leaving the documents(s) in a conspicuous place in the office.
- For a party, delivery was made by handing the document(s) to the party or by leaving the document(s) at the person's dwelling house or usual place of abode with someone of suitable age and discretion residing there.

d. By direct email (as opposed to through the ECF System)
(List persons and email addresses. Attach additional paper if necessary)

Based upon the written agreement of the parties to accept service by email or a court order, I caused the document(s) to be sent to the persons at the email addresses listed below. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.

e. By fax transmission (*List persons and fax numbers. Attach additional paper if necessary*)

Based upon the written agreement of the parties to accept service by fax transmission or a court order, I faxed the document(s) to the persons at the fax numbers listed below. No error was reported by the fax machine that I used . A copy of the record of the fax transmission is attached.

f. By messenger (*List persons and addresses. Attach additional paper if necessary*)

I served the document(s) by placing them in an envelope or package addressed to the persons at the addresses listed below and providing them to a messenger for service. (A declaration by the messenger must be attached to this Certificate of Service).

I declare under penalty of perjury that the foregoing is true and correct.

Signed on (date): August 12, 2020

Ryan Davis
(NAME OF DECLARANT)

/s/ Ryan Davis
(SIGNATURE OF DECLARANT)